

Reference ID  
(Internal Use Only): \_\_\_\_\_

Legal Description: \_\_\_\_\_

BIA Lease Number: \_\_\_\_\_

Compliance Due Date: \_\_\_\_\_



## Assignment Liability Form

### Lessee Contact Information:

Assignee: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Non-Compliance Issue(s):

The following work shall be completed by \_\_\_\_\_:

1. **Complete the enclosed Self Certification Form and ensure receipt by this office within the 30 day timeline.** You will be responsible for submitting photos of all corrective actions taken to bring the lease into compliance. The envelope used in returning the Self Certification Form must be stamped on or before the date in which penalties may be assessed.

*See letter for other pertinent information regarding instructions, extensions & regulations.*

***I/We assume the responsibility of the above corrective actions related to the above described lease.***

Name (Printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_